

Program funded by the U.S. Department of Labor and administered by Philadelphia Veterans Multi-Service and Education Center □

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August 25, 2010

MEDIA, PA — Congressman Sestak (PA-07) strongly endorsed the U.S. Dept of Labor (DOL) funded Incarcerated Veterans Transition Program (IVTP) to be administered by the Philadelphia Veterans Multi-Service and Education Center (PVMSEC). The DOL program is designed to assist those Veterans who have spent some time in prison and, more importantly, it is an alternative sentencing program for those who may be facing criminal charges. As a part of that goal, the program is geared to preventing homelessness, which can be a serious problem with over well over 100,000 Veterans homeless on any given night in this county.

“As we celebrate the redeployment of our combat forces in Iraq is nearing completion, we also must be prepared to receive those troops who will return, or already have returned, with increasing instances of brain injuries and stress disorders,” said Congressman Sestak. “That is why I wrote to the Secretary of Veterans Affairs, General Eric Shinseki, last year requesting that the VA address how our legal and medical systems can better collaborate to support those Veterans who may find themselves incarcerated as a result of service-related injuries and impairments.

“I witnessed the injustice done to so many of our Vietnam Veterans and I am determined to see that our newest Veterans receive the full benefit of the overdue resources the 110th and 111th Congress have made available to them. They can’t do so from prison. Consider that in 1998, an estimated 56,500 Vietnam War-era Veterans and 18,500 Persian Gulf War-era Veterans were held in State and Federal prisons and it is clear the need for action is long overdue. I commend The Honorable Seamus P. McCaffery, Pennsylvania Supreme Court Justice, for the work he is doing to create ‘Veterans Courts’ in the Commonwealth of Pennsylvania. Also, the Veterans Leadership Program of Western PA under Executive Director Al Mercer is an example of forward thinking common sense advocacy for Veterans. For too long local, state and federal jurists have been forced to lock up Veterans rather than afford them the opportunity to have their conditions fully diagnosed and treated—possibly preventing their incarceration altogether. Unfortunately, as a result we have had extraordinary numbers of Vietnam-era Vets incarcerated and following their incarceration — they have often ended up homeless.

“I am advocating for a seamless transition in which VA doctors communicate with the physicians at the local, state, and federal level charged with providing medical care to prisoners and ensure Veterans receive the treatment they require. Failure is not an option. We will not leave our comrades behind on the battlefield. We cannot leave them alone in prison until we have made every effort to help them become well and whole again.”

Congressman Sestak’s views are confirmed by 2004 Department of Justice statistics which indicated at that time 140,000 Veterans were incarcerated in state and federal prisons. Forty-six percent of Veterans in federal prison and 15 percent of Veterans in state prison were there for drug violations. Sixty-one percent of incarcerated Veterans met the DSM-IV criteria for substance dependence or abuse. Distressingly, more than half of Veterans in federal state prisons served during wartime. Today there are an estimated 2.2 million incarcerated Americans and unofficial estimates are that at least 10 percent of those in prison are Veterans.

“I am a strong supporter of President Obama’s plan to end homelessness among Veterans in five years,” said Congressman Sestak. “However, we will not meet that goal unless we make some changes in the way we treat Veterans when they find themselves before the law. To that end I wrote to General Shinseki to propose a way ahead on adjusting VA policies and authorities to better support the medical needs of incarcerated Veterans. I am not defending criminal behavior of any kind. I do believe, however, that those who volunteer to defend our nation and become disabled in our service, particularly with PTSD and TBI need to be provided with the care appropriate to their injuries. I was very pleased with the Secretary’s quick response to that letter and I thank the U.S. Dept of Labor (DOL) for finding the resources to support the Incarcerated Veterans Transition Program (IVTP).

“Our Vietnam Veterans returned to a recession-wracked economy, inadequate educational benefits and a medical system that was not prepared for their physical and emotional wounds. I will work very closely with PVMSEC to see this program is a success. That organization is ably led by Marsha Four, a Vietnam Veteran and one of the most accomplished Veterans’ advocates in our nation. She knows that on their return from Vietnam a great many of her male and female comrades avoided the VA out of fear, frustration or simply to forget their service in that war. Today, with less than 8 million of our 23.5 million Veterans enrolled in the VA Medical system, we know we have incarcerated Veterans suffering from a wide range of mental illnesses who should have been diagnosed and treated by the VA –before they found themselves incarcerated or homeless. We must acknowledge that fact and also reverse the unacceptable actions of 2003 that locked so many Vets out of the VA medical system. Until we create a seamless transition from our military medical system to the VA’s, we put more and more Veterans and their families at risk.

“We must better understand this problem and work aggressively to fix it. As Jim McGuire of the VA wrote in *Closing a Front Door to Homelessness among Veterans*, ‘Considering the attention that the relationship between incarceration and homelessness has received, it is surprising how little research exists that looks at inmates re-entering communities and the subsequent rates of homelessness. The only published work on this subject examined the post-prison experience of released New York State prison inmates, finding that 11.4 percent had a homeless shelter episode within 2 years of release (Metraux and Culhane 2004).’

“With over two million incarcerated Americans of which an unofficial estimate indicates that over 10 percent are Veterans, it is clear that if we can address the incarceration issue we can reduce homelessness and if we can better diagnose and treat the conditions that contribute to incarceration, we can do an enormous service to Veterans, their families and our communities. We have the means; all we lack is the will and the ways. We must do more to help ensure that those who specialize in treating service-related illnesses can help rehabilitate our Veterans who suffer from these illnesses before they are incarcerated. Or, if they are, to see that throughout their incarceration there is a continuity of care that will stop their spiral of anti-social or criminal behavior.”

PVMSEC, which serves Philadelphia, Bucks, Montgomery, Delaware and Chester County, will administer the \$300K IVTP, offering transition services, counseling, job search, training and job placement for 120 Veterans. Headed by IVTP Coordinator, Martin Richardson, the program is coordinated with the newly formed Veterans Court in Philadelphia, the Re-Entry Specialists at the VA, and the surrounding judicial, prison and social service communities as well as with employers. For more information specifically on the IVTP program, contact Martin Richardson at martin.richardson@pvmsec.org or call 215-923-2600 x152.

Text of Congressman Joe Sestak’s November 2009 letter to Secretary Gen. Eric Shinseki is below:

The Honorable Eric K. Shinseki

Secretary

United States Department of Veterans Affairs

810 Vermont Avenue NW

Washington, DC 20420-0002

Dear General Shinseki,

I am writing to request you review a particular aspect of VA medical care. Specifically, I am concerned that service-connected disabled Veterans or Veterans not enrolled in the VA medical system, when incarcerated, are likely to suffer significantly reduced levels of care that could ultimately cause them significant harm.

As you know, the Department of Veterans Affairs is not currently required to provide health-care to any Veteran who is an inmate in an institution of another government agency when that agency has a duty to give the care or services. However, as I have observed that policy in

execution, a service-connected disabled Veteran who is incarcerated may never benefit from even an initial collaboration between his VA care-giver and the care-giver at his or her correctional facility.

I am not defending criminal behavior of any kind. I do believe that those who volunteer to defend our nation and become disabled in our service, particularly with PTSD and TBI need to be provided with the care appropriate to their injuries. At present we have a seam in the administration of care for those Veterans should they be incarcerated.

I am not advocating for the entry of VA doctors in to the penal system. Rather, for a seamless transition in which VA doctors communicate with the physicians at the local, state, and federal level charged with providing medical care to prisoners what types of treatment the Veterans in question require.

I am prepared to discuss a review of this policy with your staff and the Department of Justice to determine an appropriate way ahead. If legislation is necessary, I will introduce it immediately.

As always, thank you for your service to our nation and our fellow Veterans.

Sincerely,

Joe Sestak

Member of Congress

Born and raised in Delaware County, former 3-star Admiral Joe Sestak served in the Navy for 31 years and now serves as the Representative from the 7th District of Pennsylvania. He led a series of operational commands at sea, including Commander of an aircraft carrier battle group of 30 U.S. and allied ships with over 15,000 sailors and 100 aircraft that conducted operations in Afghanistan and Iraq. After 9/11, Joe was the first Director of "Deep Blue," the Navy's anti-terrorism unit that established strategic and operations policies for the "Global War on Terrorism." He served as President Clinton's Director for Defense Policy at the National Security Council in the White House, and holds a Ph.D. in Political Economy and Government from Harvard University. According to the office of the House Historian, Joe is the highest-ranking former military officer ever elected to the U.S. Congress.